Solutions

newsletter of the PRP Initiative

PILOTS TO REGIONAL PROGRAMS

expanding contraceptive choice innovative training strategies strengthening community linkages

April 2003 / No. 2

From Beads to Birth Spacing:
a new approach to natural family planning

Now available for the first time in Zambia, the new Standard Days Method™ is allowing couples throughout the Copperbelt to use natural family planning with confidence and success.

In today's fast-paced world, faith in modern technology can blind us to the fact that the simplest solutions are often right there, below our noses. Nowhere is this more true than in the realm of health care, where new technologies have yielded benefits that only a generation ago, would have been considered miraculous. Who would have believed, for example, that a simple injection, or even pill would enable women to determine the number of children they bear or how often they do so?

But for many women, pills, injections or other modern technologies are not what they want. Perhaps they live too far from the nearest health center; perhaps they fear supply stock-outs; or perhaps they are just suspicious of modern medicine in general. Unfortunately, the scientists and medical staff who run our health care systems don't always hear the voices of those they serve. For them, family planning means "modern" contraceptive technologies.

Fortunately, all this is about to change. Thanks to a partnership between the PRP Initiative and Georgetown University's Institute for Reproductive Health, couples across the Copperbelt now have access to a new natural family method called the "Standard Days Method™ , or SDM™ for short. The method allows women to determine accurately and reliably the days when they are likely to get pregnant and the days when they are not.

Service providers practice using CycleBeads™ at PRP Training of Trainers Workshop (Ndola, September 2002)

Pilots to Regional Programs (PRP) is a broad-based initiative to scale-up health care interventions first introduced into the Copperbelt by the Expanding Contraceptive Choice Study. Launched in 2002, PRP applies the methodological framework of the WHO Strategic Approach to broaden contraceptive choice and increase the quality of reproductive health services. PRP operates in eight rural and peri-urban districts of the Copperbelt and is managed by the Provincial Health Office, with financial and technical support from the Population Council, USAID, WHO, and Georgetown University's Institute for Reproductive Health

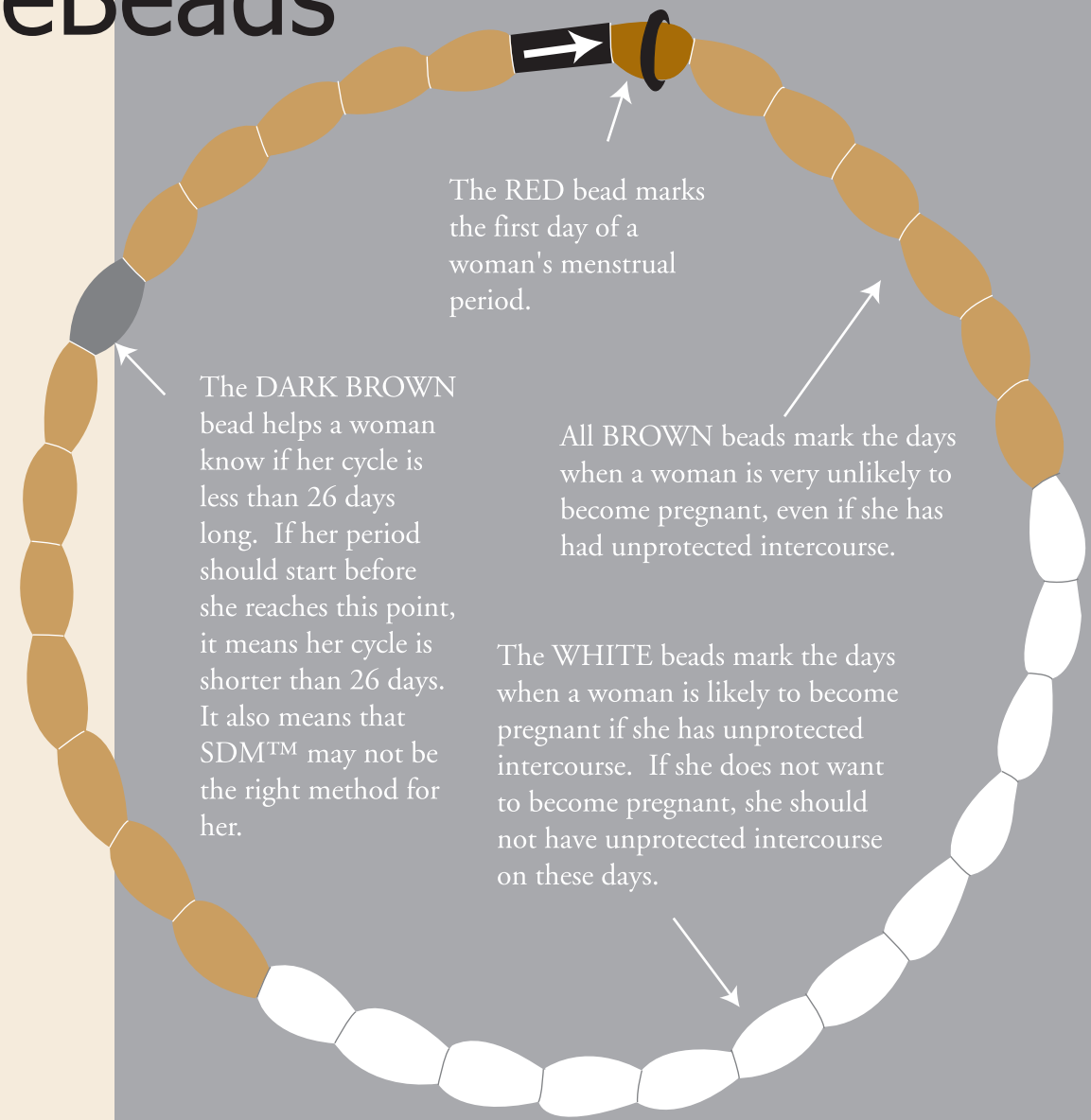
What exactly is SDM™ ?

The SDM™ was developed to address the needs of women who do not want to use modern contraception, but who still want to space or limit the number of children they have. In the past, such women have had little choice but to forego family planning, rely on folk remedies, or follow poorly understood approaches that all too often lead to pregnancy anyway.

The basic principle underlying SDM™ is that women can become pregnant only during a limited number of days during their menstrual cycle. Using a simple, color-coded string of beads, called CycleBeads™, women can determine when those days are, so that they and their partners know when to avoid unprotected intercourse.

As illustrated below, CycleBeads™ consists of a loop of 32 color-coded plastic beads and a small, moveable rubber ring. Each day, the SDM™ user moves the rubber ring over one bead to visibly track where she is in her menstrual cycle. Day 1 of the cycle is represented by a red bead, which is her first day of menstrual bleeding. Days 8-19 of the cycle–the days she can become pregnant–are represented by white beads. When the rubber ring is located on one of these beads, unprotected intercourse should be avoided.

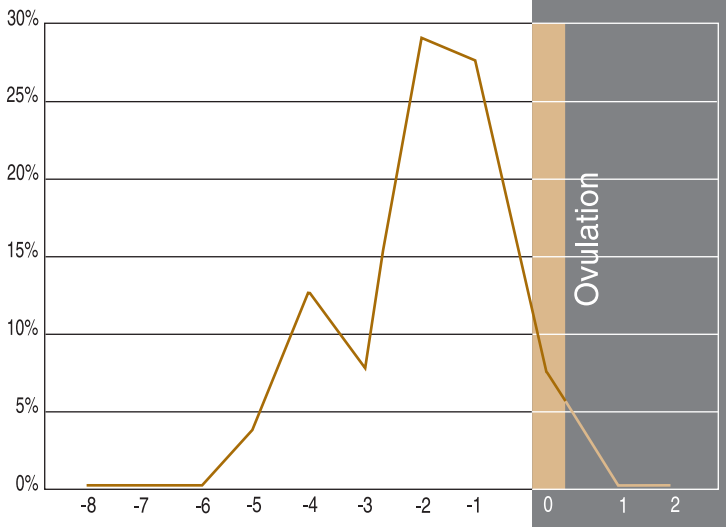
CycleBeads™



How effective is SDM™?

The SDM™ is based on the scientific study of three variables that influence the probability of becoming pregnant. These are 1) the duration of a woman's fertile phase; 2) the life span of the sperm; and 3) the fact that the ovum can be fertilized for up to 24 hours.

The SDM™ can be used by a wide variety of women–as long as their menstrual cycles usually last between 26 and 32 days. When used correctly, SDM™ has an efficacy rate of at least 95 percent[1]. It does not, however, reduce the risk of sexually transmitted infections (STIs), including HIV/AIDS. Only condoms and abstinence can do that.



Probability of pregnancy from unprotected intercourse on days relative to ovulation[2]

SOURCES

[1] Arévalo M et al. A fixed formula to define the fertile window of the menstrual cycle as the basis of a simple method of natural family planning. *Contraception.* 2000 (60):357-360.

[2] Wilcox AJ et al. Post-ovulatory ageing of the human cocyte and embryo failure. *Human Reproduction.* 1998; 13(2): 394-397.

Where is SDM™ available?

By introducing SDM™, the PRP Initiative has taken an important step in making natural family planning more widely accessible to thousands of women across the Copperbelt. No longer restricted to specialized providers or service delivery outlets, the method is currently available at 22 health care facilities, located in all 8 Copperbelt Health Districts participating in the PRP Initiative. This number is expected to increase as PRP coverage expands to include additional facilities over the coming years. At present, each of the 22 facilities has at least one trained service provider, adequate supplies of CycleBeads™, and a variety of educational materials for those who wish to learn more about the method.

Since the introduction of SDM™, the number of new users has gradually, but steadily increased. They have found the method to be convenient, easy to understand, and helpful in facilitating communication between partners on a wide range of reproductive health issues, including risk of STI transmission. As might be expected, mission health facilities are also showing interest in the method. Recently, staff from St. Mary's Rural Health Centre in Lufwanyama District received training on SDM™ and were given a stock of CycleBeads™ and other educational materials.

Finally, in an interesting twist, some women are even using SDM™ in hopes that it will help them to *become* pregnant. By pinpointing a woman's fertile period more accurately, SDM™ may very well prove helpful in allowing some couples to address concerns over infertility.

Although it is doubtful that SDM™ will ever become as popular as the pill or injectable, for those women who do not want hormonal contraception, the introduction of SDM™ may make all the difference in the world. In fact, over 70 percent of all new SDM™ clients under the PRP Initiative are first-time users of any family planning method. Clearly, for them, SDM™ represents a new beginning.

SDM™ is available at the following health facilities:

- Chibolya HC
- Chibuluma Clinic HC
- Chiwempala HC
- Clinic 5 HC
- Ichimpe RHC
- Ipumbu RHC
- Kafubu Block RHC
- Kalulushi Township HC
- Kakoso HC
- Kamchanga HC
- Kite RHC
- Lubengele HC
- Lumpuma RHC
- Masaiti Council RHC
- Mikata RHC
- Mishikishi RHC
- Mpatamato HC
- Muchinshi RHC
- Murundu RHC
- Njelemani RHC
- Shimukunami RHC
- St Mary's RHC

"Ninshi mwalefishila?"
A nurse's tale

From skeptic to ardent supporter, Sister Justina Bili has come full circle in her views about natural family planning, its potential to help couples achieve their reproductive health goals, and her ability to teach it.

Ask any health care professional what NFP stands for, and the chances are good he or she will say "natural family planning". Not so for Sister Justina Bili, who now likes to joke that for her, NFP used to mean only one thing: "a nuisance for providers".

As Sister-in-Charge at Kafubu Block RHC in Luanshya District, Justina has devoted the last 10 years to helping her family planning clients exercise what we all know today as "informed choice". During counseling sessions, Justina makes a point of describing each method so that clients understand precisely what it is they are choosing. For the most part, Justina's approach has worked well. The majority of her clients eventually do choose a method; and as far as she can tell, most remain happy with their choice.

But every so often, Justina says, she would encounter a client, maybe even a couple, who still seemed dissatisfied with the options presented to them. "Isn't there something else", they would ask, "…something that doesn't require pills, or injections, or insertions?"

Of course, Justina knew perfectly well that there was an alternative. But it was one she discussed only reluctantly–not because of time or ill will, but because, as she now admits, she knew too little about it to discuss it properly. Teaching it improperly, she felt, would do more harm than good. It would create unrealistic expectations. It would undermine the community's trust in her. And if the method should fail (which she was sure would happen), then she would have no one but herself to blame.

Justina's unease over NFP was also compounded by a host of misconceptions. Years ago, for example, she learned at Mwachisompola that the only effective type of NFP was something described as "scientific". The sad truth, though, was that she was less able to remember what "scientific" actually *was*, than what it *was not*. And what it definitely *was not* was the "rhythm method"– something supposedly too difficult for rural women and essentially unreliable even in the best of circumstances. Another widely-held belief was that only providers with special credentials and certificates could teach NFP. So, in fact, Justina wasn't even sure the nursing code actually allowed her to teach NFP.

But the biggest hurdle of all, was the idea that to teach NFP, one actually had to be practicing it–and practicing it exclusively. That meant condoms were taboo, even during one's fertile phase. Sister Justina never really could understand the logic behind such reasoning–particularly in this era of HIV/AIDS. But then again, it just served as one more example of what a nuisance NFP could be.

In September of last year, Justina became one of 21 providers to receive SDM™ training at the PRP Training of Trainers Workshop. Apart from the technical aspects of the method, which Justina grasped immediately, what surprised her most was how misinformed she had once been about NFP. When used correctly, SDM™ was indeed both effective and reliable. It was easy to learn, easy to teach, and flexible enough to be used with condoms or without, to prevent pregnancy, or even to encourage it.

But what has also surprised her has been the demand for SDM™. At Kafubu Block today, clients are hearing about SDM™ from their friends, from community leaders, and now even from neighboring health care facilities. All are asking *"Ninshi mwalefishila?"*–"Why have you been holding out on us?"

Looking back, Justina can't help but laugh at the way things have turned out. "Who would have imagined", she says, "that I would be discussing SDM™ like this?" Does she think it will ever become as popular as any of the hormonal methods? "Of course not; SDM™ is just not right for everyone." Does she think there will be method failures? "Of course there will be". "But the important thing", she says, "is that those failures will not be the result of ignorance. Today, I understand how SDM™ works; and I have the tools I need to identify appropriate clients, teach them properly, and explain the method's strengths and limitations. Now, I can discuss SDM™ with peace of mind, knowing that my clients have all the knowledge they need to be successful users. How they eventually use that knowledge is up to them. And that...", she added, "is also true for any method, isn't it?"

The research and intervention activities described in this newsletter have been made possible through the generous financial and technical support of the World Health Organization, Department of Reproductive Health Research; the US Agency for International Development under its Cooperative Agreement with the Population Council, HRN-A-00-99-00010; and Georgetown University's Institute for Reproductive Health. The opinions expressed herein are those of the authors alone.

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